

19-04 NEW
04-20024

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

APPROVAL 7-8
TC 8/4
July 21, 2004

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: EXECUTIVES' MERMAID INC.

BUSINESS STREET ADDRESS: 5451 S.W. 61 AVE. DAVIE, FL. ZIP 33314

BUSINESS MAILING ADDRESS: 5451 S.W. 61 AVE. DAVIE, FL. ZIP 33314

BUSINESS PHONE: 954-791-9614

DESCRIBE TYPE OF BUSINESS: CONCIERGE SERVICES OFFICE ONLY

BUSINESS IS: Corporation YES Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>LUNA M. SAENZ</u>	<u>5451 S.W. 61 AVE. DAVIE, FL.</u>	<u>33314</u>	<u>954-791-9614</u>
2. <u>MARISOL SAENZ</u>	<u>SW. 61 AVE DAVIE, FL.</u>	<u>33314</u>	<u>954-854-7984</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 04, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

LUNA M. SAENZ
Print Owner or Officers Name and Title

Luna M. Saenz
Signature of Owner or Officer

Office Use Only: Date <u>6/28/04</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 _____ Fee <u>57.88</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____		
License # <u>04-20024</u>	Control # <u>16270</u>	Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Pat</u>	Date <u>7/1/04</u>
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____		LOCATED 10 31172 50-41-35-02-0412

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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